

**AMENDMENT 99-06  
AUGUST 1, 1999**

State Supplement A to Attachment 3.1A

Health and approved for participation and enrolled in the New Mexico Medicaid program. Services are provided directly by the special rehabilitation service provider or through subcontractors and providers shall:

- (a) provide special rehabilitation services under the direction of professionals acting within their scope of practice as defined by State law: and
- (b) provide special rehabilitation services in the most appropriate least restrictive environment: and
- (c) assure that claiming for special rehabilitation services does not duplicate claiming for EPSDT administrative outreach services.

16. Case Management for Children Involved With Juvenile Justice

17. Services are provided by New Mexico Licensed Alcohol and Substance Abuse Counselors (LADACs) when the services are furnished under the direction of physicians, licensed psychologists, licensed independent social workers (LISWs), licensed professional clinical mental health counselors (LPCCs), licensed family and marriage and family counselors (LMFTs), clinical nurse specialists (CNS), and LADACs who are also licensed as a LISW, LPCC, LMFT, or CNS.

Services are supervised by a physician, licensed psychologist, LISW, LPCC, LMFT, CNS, or a LADAC who is also licensed as an LISW, LPCC, LMFT, or CNS.

Services are rendered through : Community Mental Health Centers; Outpatient Hospital Facilities; Indian Health Service; Tribal Health Clinics (638 facilities); School Based Providers; Federally Qualified Health Centers

Item 4b EPSDT Services Included In the State Plan

Services already included in the state plan are described in Attachment 3.1A. Limitations to those services are described in the other sections of State Supplement A to Attachment 3.1A.

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Specific program coverage restrictions, limitations in duration or service, and limitations in frequency of service, as described elsewhere in State Supplement A to Attachment 3.1A.

- (a) Experimental procedures are limited as described in Item 5, State Supplement A to Attachment 3.1A.
- (b) Documentation requirements must be met for abortion services, sterilization services, and hysterectomies.

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Item 4c. Family planning services and supplies for individuals of child bearing age.

- a. The New Mexico Medical Assistance program will cover sterilizations including non-emergency and elective sterilizations only when all the requirements of 42 CFR 441. Subpart F are met.
- b. Hysterectomies require an acknowledgement of the sterilization results of the hysterectomy signed by the recipient or her representative prior to the operation.

Item 5 Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility or elsewhere.

- a. Coverage does not include the services of assistant surgeons furnished in a teaching hospital where there is a resident available to perform the services unless exceptional medical circumstances exist.
- b. Tests and measurements are limited to one per month per patient from the same provider or provider group. Services in excess of this limit may be covered subject to the requirements of rehabilitation services.
- c. Physical medicine modalities are limited to 3 per month from the same provider or provider group. Services in excess of this limit may be covered subject to the requirements of rehabilitation services.
- d. Physical medicine procedures and kinetic activities are limited to 3 per month from the same provider or provider group. Services in excess of this limit may be covered subject to the requirements of rehabilitation services.
- e. Osteo-manipulative therapy is limited to 3 manipulations per month regardless of the area or areas manipulated.

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- f. Specimen collection fees are payable when drawn by venipuncture or collected by catheterization unless the patient is in a nursing home. Specimen collection fees are not payable for nursing home recipients.
- g. Certain procedures are to be performed in the office, clinic, or as an outpatient institutional service as an alternative to hospitalization. A list is available from the Medical Assistance Division.
- h. Prior approval is required for certain procedures. A list is available from the Medical Assistance Division.
- i. Certain foot care services considered to be routine (defined under non-covered services) are covered only if they are performed as a necessary and integral part of an otherwise covered service such as diagnosis and treatment of diabetic ulcers, wounds, and infections.
- j. Coverage of experimental procedures is restricted to heart, liver, and heart-lung transplants. Experimental procedures and services related to experimental procedures, including but not limited to hospitalization, anesthesiology, laboratory tests and X-ray, are covered on a limited basis with prior approval.
- k. Cosmetic surgery performed for aesthetic purposes only are not covered.
- l. Services directed toward the care or correction of a flat foot condition are not covered.
- m. Well child care, routine vaccinations, physical examinations and examinations for school except as covered under the EPSDT program or SNF regulations are not covered.
- n. Dietary counseling, literature, booklets, and other educational services are not covered.

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State Supplement A to Attachment 3.1A

- o. Screening type/services unless being used to make a diagnosis are not covered, except as allowed under the EPSDT program.
- p. Hair or nail analysis is not covered.
- q. Oral topical, otic or ophthalmic preparations dispensed to the recipient by the physician for use at home are not covered.
- r. Laboratory specimen handling or mailing charges are not a benefit of the program. Laboratory specimen collection fees for nursing home recipients are not a benefit of the program.
- s. Abortions are covered only when performed to save the life of the mother or to terminate a pregnancy resulting from rape or incest. When the abortion is performed to save the life of the mother, the physician must certify the necessity of the abortion as required by federal regulation.

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*Supersedes: TN 89-10*

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State Supplement A to Attachment 3.1A

Item 6a. Podiatrists' Services

- a. Medicaid coverage of surgical treatment is limited to the area below the talocrural joint.
- b. Foot care services ordinarily considered to be routine are covered only if they are performed as a necessary and integral part of otherwise covered services.
- c. Certain procedures are to be performed in the office, clinic, or as an outpatient institutional services as an alternative to hospitalization. A list is available from the Medical Assistance Division.
- d. Services directed toward the care or correction of a flat foot condition are not covered.
- e. Orthopedic shoes and other supportive devices for the feet are not covered. The exclusion of orthopedic shoes does not apply to such a shoe, however, if it is an integral part of a leg brace.
- f. Surgical or nonsurgical treatments undertaken for the sole purpose of correcting a subluxated structure in the foot as an isolated entity are not covered.

Item 6b Optometrists' Services

Orthoptic assessment and treatment are not covered by the New Mexico Medical Assistance Program.

Item 6d Other Practitioners Services

I. Psychologists

- a. The following services are not benefits of the program:
  1. Hypnotherapy
  2. Biofeedback

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3. Conditions where a reasonable prognosis does not exist
  4. Social maladjustments without manifesting psychiatric disorders, including occupational maladjustment, marital maladjustment, sexual dysfunction, and personality disorders.
- b. Coverage of psychiatric or psychological services are allowed only for services in which an eligible provider to patient relationship exists. Coverage is not allowed for services performed by paramedicals or other health professionals including M.S.W.'s, counselors, psychiatric social workers, masters level psychologists, etc., even though such service may be under the direction of an eligible provider.

II. Licensed Midwife Services

Services provided by licensed midwives are restricted to prenatal care, home delivery and post partum care.

III. Certified Nurse Anesthetist's Services

Anesthesia services, physician directed and non-physician directed, provided during a surgical procedure covered under the state plan are a benefit of the Medicaid Program.

IV. Other Certified Nurse Practitioners

Other Certified Nurse Practitioner services (CNP specialties covered as an optional service as opposed to the OBRA '89 mandate) are covered regardless of the practitioner's specialty. Surgical procedures are not a benefit of the program as they are not within the scope of state law.

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V. Services of Licensed Independent Social Workers (LISWs) and Clinical Nurse Specialists (CNSs)

Services of Licensed Independent Social Workers (LISWs) are covered consistent with their licensure and includes Licensed professional mental Health Clinical Counselors (LPCCs), Licensed Marriage and Family Therapists (LMFTs), and Clinical Nurse Specialists (CNSs) certified in psychiatric nursing.

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**Item 7a Intermittent or part time nursing services provided by a home health agency., etc.**

All home health agency services beyond the initial visit for evaluation purposes require prior approval. The medical necessity criteria that a recipient must meet to receive home health services include the determination that the individual is physically unable or has great difficulty leaving the home to obtain necessary medical care and treatment (i.e., is essentially homebound) or that the medical need for care at home is more appropriate and cost-effective and will prevent or delay institutionalization.

**Item 7b Home Health aide services provided by a home health agency**

Home health aide services must be provided under the supervision of a registered nurse or other appropriate professional staff member. The registered nurse or other professional staff member must make a supervisory visit to recipient's residence at least every two weeks to observe and determine whether goals are being met.

**Item 7c Medical supplies, equipment, and appliances suitable for use in the home.**

Medical supplies must be necessary and reasonable to the treatment plan.

**Item 7d Physical therapy, occupational therapy or speech pathology and audiology services provided by a home health agency or medical rehabilitation center.**

Therapy must be provided by a qualified physiotherapist, occupational therapist or assistant, or speech pathologist or audiologist as per 42 CFR 440.110, and in conformance with State Law, and in accordance with an approved plan of treatment.

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Item 9 Clinic services

- a. Limitations for physicians, item 5, also apply to clinics.
- b. Ambulatory surgical center facility services are covered when all the following conditions are met:
  1. The surgical procedure and use of the facility is medically necessary and is a benefit of the program.
  2. All program requirements for the surgery are met by the physician such as valid consent forms, prior approval requirements, etc.
- c. Dialysis Services
  1. The New Mexico Medicaid Program will reimburse providers for renal dialysis services for the first three months of dialysis if not covered by Medicare pending the establishment of Medicare eligibility.
  2. The New Mexico Medicaid Program will cover fifteen sessions of dialysis training sessions without special medical justification. Additional sessions require medical justification be attached to the claims.

Item 10 Dental Services

The following services are covered only with prior approval (on retrospective approval in emergency situations or following retroactive eligibility).

- a. Crown and Fixed Bridges
- b. Endodontia
- c. Periodontia
  1. Periodontal services require justification for medical necessity.

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